**To nominate/update Institution Senior Liaison Contact**

Provider name:

Provider ID/UKPRN:

**Section A**

**Please read through Section A to ensure a full understanding of the role and its responsibilities.**

The Senior Liaison Contact is a point of contact for HESA Liaison and is used for query escalation when a Record Contact is unavailable, before escalating to the Accountable Officer/ Head of Provider directly. It is expected that the nominated contact is part of the senior management team, and is not an existing Record Contact. For more information about the responsibilities of the role, please visit <https://www.hesa.ac.uk/support/user-guides/ids-guide/roles>.

HESA will invite the contact to the role in the HESA Identity System. Please note, if the role is not accepted within 14 days the invitation will time out. Failure to accept roles on the HESA Identity System will result in the user/organisation not being able to access HESA data collection systems and not receiving important notifications from HESA. Visit the user guide for more information <https://www.hesa.ac.uk/support/user-guides/ids-guide>.

For more information about how HESA processes your personal data, please visit: [Privacy information | HESA](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hesa.ac.uk%2Fabout%2Fwebsite%2Fprivacy&data=04%7C01%7Cmax.willerton%40hesa.ac.uk%7C7b5f2486b9eb42117cc308d957450b38%7C73146138c2924544bbf3b66a8384786e%7C0%7C0%7C637636776311696316%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=t714sAzAMSB5Y24%2FDs2nJN7Xgae3cG5hR%2F72TBMNCCk%3D&reserved=0)

**Section B**

**Please input the required information for this role.**

New Institution Senior Liaison Contact

|  |  |  |
| --- | --- | --- |
| HESA Role  Senior Liaison Contact | Information currently held | New information |
| Title |  |  |
| Forename |  |  |
| Surname |  |  |
| Email address |  |  |
| Telephone |  |  |
| Position |  |  |
| Department |  |  |

**Section C**

**The signature is to be completed by the Accountable Officer/ Head of Provider in the absence of the current Senior Liaison Contact.**

By returning this document to HESA from the Accountable Officer/ Head of Provider/ current Senior Liaison Contact, I authorise HESA to use the contact details provided by the above institutions and further confirm that the contacts nominated have been made aware of the use of this information.

Once complete, please ensure this document is returned to [liaison@hesa.ac.uk](mailto:liaison@hesa.ac.uk) by the current Senior Liaison Contact or the Accountable Officer/ Head of Provider.

Name:

Position:

Signature:

Date: